

HISTORY OF CONSUMER-DRIVEN HEALTH CARE IN INDIANA

+ 2003
Congress authorizes Health Savings Accounts

+ 2006
The State of Indiana introduces consumer-driven health plan options to its nearly 30,000 employees and their dependents

+ JANUARY 1, 2008
HIP enrolls working-age, uninsured adults in coverage. HIP's founding principle - ensuring better access to quality health care

+ 1992
Indiana-based Golden Rule Insurance Company executive, J. Patrick Rooney, pioneers the concept of medical savings accounts with his own employees

+ 2007
A bipartisan bill enabling HIP passes the Indiana General Assembly. The Indiana Family & Social Services Administration immediately began negotiations for a federal waiver

+ BY JUNE 30, 2014
Governor Pence and the Indiana Family & Social Services Administration submit HIP 2.0 waiver



Amount health care spending decreases with the use of consumer-driven health plans, according to an Employee Benefit Research Institute study



98% of HIP members said they would re-enroll in HIP



Since 2006, 96% of state employees chose to enroll in the consumer-directed model



83% of HIP members preferred to pay fixed monthly amount up front instead of making co-payments at the time of service



Average saved in health care costs annually in the state's first four years offering consumer-driven health plans to Indiana state employees



93% of HIP members make required POWER account contributions on time

BY THE NUMBERS

CONSUMER-DRIVEN HEALTHCARE

EXPANSION OF HIP COVERS

350,000

UNINSURED HOOSIERS

Indiana is the
FIRST AND ONLY
state to successfully apply private market-based consumer-driven reforms to a Medicaid population

